assigned)

### UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Write the full name of each plaintiff.

OCT 15 2020

KATHERIME FOLK FAILLA

2 CV 4879 (KPF)

(Include case number if one has been

-against-

**COMPLAINT** 

INTER-CON SECURITY SYSTEMS, N.

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

#### NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

#### I. BASIS FOR JURISDICTION

information for each additional plaintiff.

1

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the	basis for	federal-court	jurisdiction	in your	case?

☐ Diversity of Citizenship	
A. If you checked Federal Question	
Which of your federal constitutional or federal statu AGE AND EMPLOY	
B. If you checked Diversity of Citizenship	
1. Citizenship of the parties	
Of what State is each party a citizen?	
The plaintiff , (Plaintiff's name)	, is a citizen of the State of
(State in which the person resides and intends to ren	nain.)
or, if not lawfully admitted for permanent reside subject of the foreign state of	ence in the United States, a citizen or
If more than one plaintiff is named in the complaint,	attach additional pages providing

If the defendant is an individ	ual:	
The defendant,(Defendan	t's name)	, is a citizen of the State of
or, if not lawfully admitted subject of the foreign state of	<u>*</u>	in the United States, a citizen or
If the defendant is a corpora	tion:	·
The defendant	CON SELLATTY SYST.	ر المراد . المراج incorporated under the laws of
the State of NEW YO		
and has its principal place o		•
or is incorporated under the		
and has its principal place of	of business in	•
	named in the complaint, at	tach additional pages providing
II. PARTIES		
A. Plaintiff Information		
Provide the following information pages if needed.	ition for each plaintiff name	ed in the complaint. Attach additional
JosePH	(	SAIIO
First Name		t Name
922 HARRI	SON LANE	
Street Address		
WARWICK	PA.	18974
County, City	State	Zip Code
(646) 761-5706		10 INVESTIGATIONS @ YAH. ess (if available)
Telephone Number	Eman Auure	ess (ii avalianie)

#### B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:			
	First Name	Last Name	
	Current Job Title (or	other identifying information)	
	Current Work Addres	ss (or other address where defer	ndant may be served)
	County, City	State	Zip Code
Defendant 2:			
	First Name	Last Name	
	Current Job Title (or	other identifying information)	
	Current Work Addres	s (or other address where defer	ndant may be served)
	County, City	State	Zip Code
Defendant 3:			
	First Name	Last Name	
	Current Job Title (or	other identifying information)	
	Current Work Addres	s (or other address where defer	ndant may be served)
	County, City	State	Zip Code

	Defendant 4:			
		First Name	Last Name	
		Current Job Title (o	r other identifying information)	
		Current Work Addre	ess (or other address where defe	ndant may be served)
		County, City	State	Zip Code
	III. STATEME	NT OF CLAIM		
	Place(s) of occurr	ence: 46 FE	LEY SQUARE	
	Date(s) of occurre	ence: SEPT	2015 - FEB. a	2018
		at each defendant pe	oort your case. Describe what he ersonally did or failed to do that	
1.	ON OR A	BOUT MAY	2015 JUSEPH G	AllO UNDERWENT
	A MANDA	TERY MEDI	CAL EXAM, OF W.	HICH A SUPPLE -
	MENTAL, 1	MEDICAL WAS	REQUESTED.	
λ,	INTER-C	on AND 1	NIER-CONS DIS	TRICT SUPERVISOR
	ROBERT	SOBOCIEN.	SKI FAILED TO.	SIGN A PRE -
	AUTHORIZ	ATION FORT	1 FOR MEDICAL EX	PENSES, THIS
	is in	MOLATION O	F INTER-CONS S	TANDARD
	OPERATIN	G PROCEDU	RES ORDER #14	-63 DATED
	8/12/14.			
		······································		
3.	DISTRICT	SUPER VISC	OR ROBERT SOBOL	LENSKI DID
	NOT ONL	Y FAIL TO	SIGN THE PRE-A	DUTHORIZATION
	FORM BU	AT THREAT	ENED TO TERMIN	ATE JUSEPH

GAILO'S EMPLOYMENT, INTER-CFFICE		
9/17/15 AND 9/22/15, STRESS		
9/25/15 AND EMPLOYMENT WAS	TERNINATE	5 D
9/28/15		
ON FEBRUARY 9, 2018 A AGREEMEN	NT WAS REA	CHEV
ON FEBRUARY 9, 2018 A AGREEMEN WITH INTER-CON SECURITY IN FEL	TERAL COUP	2 ~
CASE #1:17 CV 03369 -AKH		
•		
SEE ADDED PAGE		
INJURIES:		
f you were injured as a result of these actions, describe your injuri	es and what medical	
reatment, if any, you required and received.		
reatment, if any, you required and received.		
treatment, if any, you required and received.		
treatment, if any, you required and received.		
treatment, if any, you required and received.		
IV. RELIEF		
IV. RELIEF State briefly what money damages or other relief you want the cou	urt to order.	
IV. RELIEF State briefly what money damages or other relief you want the cou	urt to order.	TIDD A
IV. RELIEF State briefly what money damages or other relief you want the cou	J.YR, VACA	
IV. RELIEF State briefly what money damages or other relief you want the country COSTS - FEDERAL #400、00 SUPREME COART # 218、60	IYR, VACA	# 8
IV. RELIEF  State briefly what money damages or other relief you want the country COSTS = FEDERAL #400.00  SUPREME COURT #216.00  N.Y.S. DIV. CORPORAT #40.00	J.YR, VACA	# 2
IV. RELIEF State briefly what money damages or other relief you want the country COSTS - FEDERAL #400、00 SUPREME COART # 218、60	IYR, VACA	# 2

## TOSEPH GAILO 20CIV 4879 (KPF) PAGE 6 CONTINUED

- 5. INTER-CON VIOLATED THAT AGREEMENT WHICH

  PROMPTED THE FILING OF A NYS. SUPREME COURT

  DOCKET #100063/2020 FOR VIOLATING THE FEDERAL

  AGREEMENT.
  - 6. I FOREFILLED ALL OF MY DBLIGHTIONS FOR THE

    2018 FEDERAL AGREEMENT WHICH INTER-CON DID

    NOT, FOR THIS REASON MY OLD FEDERAL CASE H

    1:17-CV-03369 AKH SHOULD BE REINSTATED ALONG

    WITH MY NEW CASE FOR BREACH OF CONTRACT.
  - 7. FACTS TO BE CONSIDER
    - 1- EMPLOYEES THAT REACH THE 60'S ARE SINGLED OUT REGARDLESS OF GOOD OR POOR HEALTH TO SUBMIT TO A STREES TEST,
    - 2- OTHER EMPLOYEES WERE PUT ON MEDICAL LEAVE AND PUT BACK TO WORK AFTER THEY BECAME MEDICALLY QUALIFIED, I WAS NOT.
    - 3- FINE TO SIX EMPLOYEES FROM 40 FOLEY AND

      SOO PEARL ST. WERE PUT BACK TO WORK

      IN LESS THAN ONE YEAR AND RECEIVED A

      SETTLEMENT FROM INTER-CON

JUSEPH GAILD

20 CIN 4879 (KPF

PAGE 6 CONTINUED

- 4. MY RIGHTS AND AGREEMENTS WITH

  INTER-CON WERE ALL VIOLATED BOTH BY

  INTER-CON AND INTER-CONS DISTRICT

  SUPERVISOR ROBERT SOBOCIENSKI,
- 5. NOW AFTER FIVE YEARS INTER-CON IS STILL TRYING TO VIOLATE MY RIGHTS BY DIS MISSING MY CASE.
- 6. MY AGREEMENT TO SETTLE THIS CASE

  FOR THE SUM LISTED ON PAGE SIX IS

  A SMALL AMOUNT CONSIDERING THE MEXAL

  ANGUISH THAT MY FAMILY AND I HAVE

  SUFFERED AT THE HANDS OF INTER-CON

  AND THEIR REPRESENTATIVES.

Case 1:20-cv-04879-KPF Document 16 Filed 10/15/20 Page 9 of 9

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2020 OCT 12 PM 5: 05
US DISTRICT COURT SDNY

# JUDGE KATHERINE POLK FAILLA

